When WHO was founded the euphoria of curative management of disease and the use of newly developed anti-bacterial agents had pushed the age-old concepts of healthy living and health promotion into the background. Health decision makers were focused on the new curative agents becoming available one after the other. The feeling was that the answer to communicable diseases, then (and now) the biggest killers were in curing the infection and investing in better and more efficacious agents. Public Health was relegated to a distant second position and curative interventions were the "modern" answer.

WHO's initiative brought about the realization that curative interventions alone are not enough. No matter how technically sophisticated the 'magic bullet' it can only be effective if the people accept and use it! There are several examples that brought home this point. Smallpox could be eradicated using the same vaccine that had been available for several decades. The global effort to join hands in a 'search and immunize' programme rid the world of this scourge. Another case in point is the attempt to eradicate polio. The vaccine is effective; and can be provided in a viable form to reach every child. The fact that polio still crops up in several pockets suggests that greater attention has to be paid to encourage the community to participate in the programme.

At the same time the steady increase of noncommunicable diseases has also highlighted the necessity of health promotion. There are no vaccines or medicines to
cure these conditions. Sharing information and empowering the community to protect themselves through behaviour change is the only way open. Health promotion is being increasingly recognized as a viable and necessary medical intervention. WHO has responded by initiating a dialogue with the Member countries and catalyzing an increasing focus on this neglected issue.
The First International Conference on Health Promotion was held in Ottawa in 1986. This was followed by similar conferences in Adelaide and Sundsvall (Sweden). The next conference, the first to be held in a developing country, was in Jakarta in 1997. This was the first time that the private sector was also involved. The most recent International Conference on Health Promotion was also in the Region. This Conference in Bangkok was held in 2005 and adopted the Bangkok Charter for Health Promotion in a Globalized World.

How we live and behave, the ambience we live in, what we eat and drink and how much physical exercise we engage in all play an important role in determining the one's state of health both immediately and in later life. Many premature deaths among adults are largely due to behaviours and habits initiated during childhood and adolescence. Too often the competing pressures of life adversely influence what one eats, how much physical exercise one takes and how one spends leisure time. Health concerns all too often fade into the background. This is true not only for adults, pushed by parental and school pressures, children develop lifelong habits, which are not conducive to a long and healthy life.

The rapid evolution of curative technology has influenced the majority of health decision makers into investing effort and money predominantly into curative care. In most parts of the world the public sector health system invests very little in promoting health and preventing disease as opposed to treating illness. If people had a healthier lifestyle the need for curative interventions, generally very expensive, would be very much reduced.
Community involvement is essential for better health outcomes.
Health promotion must now be considered an indispensable component of all health interventions. This refers not only to the so-called lifestyle diseases but also communicable diseases where an effective health promotion programme can be a necessary part of preventive and protective interventions.

As some of the more common communicable diseases are controlled, and with the increasing longevity of people all over the world, noncommunicable lifestyle related diseases have a chance to manifest and are being seen with increasing frequency. The lack of health in the middle aged and older persons is often a result of lifestyle habits inculcated in childhood and reinforced in youth.

If the health status of the community is to be enhanced public sector health systems will have to focus their efforts on preventive and promotive interventions in consonance with their efforts for establishing curative care facilities. Curative care is important and meets a community demand but if the health status of the community is to improve, interventions to prevent disease and promote a healthy lifestyle need to be put in place on a priority basis. Healthy children grow into healthy adults. Healthy living must start in childhood.

*The proportion of the elderly is rising in the Region.*
Immunization

Immunization has been one of the most successful and cost effective programmes supported by WHO. Initially BCG and smallpox vaccines were introduced and later in most countries nationwide immunization was provided against diphtheria, whooping cough, tetanus and polio. WHO designed a public health programme for developing countries, called the 'Expanded Programme on Immunization' (EPI). The diseases targeted for control through EPI were tuberculosis, diphtheria, whooping cough, tetanus, poliomyelitis and measles through the use of BCG, DPT, OPV and measles vaccine. The EPI was launched in 1974 and augmented the ongoing programmes of routine vaccination. Measles vaccination was introduced routinely in the eighties and since then a number of countries have introduced hepatitis B and HIB vaccines into their national programmes. Surveys and evaluations are being conducted in a few countries to explore the feasibility of introducing some of the newer vaccines such as pneumococcal and rotavirus vaccines.

Newer partnerships such as with the Global Alliance for Vaccines and Immunization (GAVI) have helped to strengthen the immunization programmes to introduce new and under-utilized vaccines.
Immunization involves the health team, the community, the family and the child.
Tobacco Control

The public sector health system must expand to behaviour change strategies if the community is to get the full benefit of available knowledge about sickness and health. A few simple measures have the potential to improve health. Tobacco is a product that is responsible for over a million deaths in South-East Asia every year. Tobacco predisposes to increased blood pressure, stroke and coronary artery disease, lung disease and cancers. Yet people smoke. WHO has initiated the Framework Convention on Tobacco Control and is using all its advocacy efforts to persuade Member States to enact anti-tobacco legislation and to take legal, economic and educational measures to make the use of tobacco unattractive. Tobacco is not only harmful to those who use it, either in smoked or smokeless forms, but even for workers who harvest it (Green Tobacco Sickness) or process it. The anti-tobacco efforts in the Region received an additional impetus in 2007 with the Bloomberg Initiative for Tobacco Control enhancing support to high-burden countries in the Region.
Tobacco use among the young is emerging as a cause for concern.
The use of addictive substances, including an excess of alcohol, also have both immediate and long-term ill-effects on the health of people.

**Sedentary lifestyles**

Obesity and sedentary lifestyles also contribute significantly to enhancing the possibility of diabetes, coronary artery disease, stroke and hypertension. Often obesity starts in childhood and occurs because the parents and society still looks at a chubby baby as a 'bonny baby'. WHO has therefore been advocating a greater emphasis on lifestyle changes starting in childhood and extending throughout life.
Healthy children make healthy adults.
Schools must inculcate the habit of an active lifestyle.
Physical sports and exercise should become an integral part of the health promotion activity.

Similarly reducing salt consumption has a salutary effect on blood pressure. It is unfortunate that traditional foods are being increasingly replaced by convenience and fast food – generally very rich in saturated and trans fats, salt and empty calories.

**Noncommunicable diseases**

The contribution of noncommunicable diseases to the total burden of disease in the Region has been rising as the demographic and epidemiological transitions have...
made their impact. From the time when the common communicable diseases contributed the greatest proportion of illnesses, today about 58% of the regional burden of disease is contributed by noncommunicable diseases such as diabetes, cardio-vascular disease, stroke, high blood pressure, cancers, mental health and accidents. This change has come about not only because of the reduction in many of the more common communicable diseases, but also because of the real increase in the NCDs.
A part of the increase can be attributed to the demographic transition occurring in the Region. A much more important reason is related to changes in lifestyle. Sedentary habits, increase in body weight, diets rich in refined carbohydrates and saturated fats, low intake of fruits and vegetables and the use of tobacco all play an important role. In addition there is increasing evidence that south Asians have a predilection for the metabolic syndrome and coronary artery disease. Heart attacks occur younger in the Region than in the west.

Malignancies of various types and sites are also becoming more common in the Region. This is partly due to the widespread use of tobacco both smoked and smokeless. The link between smoking and cancer of the lungs is well established as is the link between the habit of chewing tobacco and oral cancer. Less obvious but equally well established is the role of tobacco in other malignancies. Cancer registries have been established in some countries and have been very useful in establishing rising trends and the interesting fact that different geographic areas have differing cancer priorities. This information helps in drawing up relevant area-specific prevention and health promoting messages.

The prevalence of diabetes has been increasing globally but is most marked in the South-East Asia Region. Current studies have shown that in some metropolitan areas the prevalence of type II diabetes has reached 12% from the earlier estimates of 6 to 8%.

One characteristic that NCDs share in common is that treatment and management is expensive and most often requires tertiary levels of care. However they can be
WHO promotes exercise for all age groups.
prevented and controlled not by vaccines but by initiating lifestyle changes, preferably early in life.

Advocating physical exercise, a diet rich in fibre, fruit and vegetables and low in saturated and trans fats can pay very rich dividends

**Maternal, Newborn and Child Health**

Maternal and Child Health (MCH) has been an area of priority concern for WHO since its inception. It has been evolving and progressing over the years from a focus on child health in the early 1950s to a greater emphasis on the maternal component as promoted by the Nairobi Safe Motherhood Conference in 1987. In the current decade, newborn health got increasing attention as newborn mortality was still high. Several initiatives have been launched including 'Safe Motherhood', 'Making Pregnancy Safer' and the 'Partnership for Maternal, Newborn and Child health'. The World Health Day themes for 1998 and 2005 reflected this concern.
Every three minutes a woman dies in pregnancy or childbirth. It is not new knowledge or vaccines that are urgently needed. In the majority of cases we know what has to be done. The problem facing programmes for mothers and children is the inability of health systems to reach out to essentially all pregnant women and the inability of the health system to communicate effectively with women in the community. The WHO initiative for safe motherhood and making pregnancy safer are addressing these crucial problems.

The health of mothers and children is also affected adversely by factors such as teenage pregnancies, repeated pregnancies without adequate spacing, infections, inadequate diet and rest - all conditions that are easily improved with knowledge and information. Reproductive health issues also respond well to a combination of care and health education.

Antenatal care, safe delivery and effective child care in the immediate post-natal and neonatal period have the potential to reduce or even prevent many of the adverse events associated with pregnancy and childbirth. WHO has been advocating that every delivery is conducted by skilled persons in health-conducive settings. The health needs of infants and young children are addressed by WHO's Integrated Management of Childhood Illness initiative launched in 1997.

WHO has been advocating breast-feeding as the ideal option for many years. In 1981 WHO adopted the International Code Marketing of Breast-milk Substitutes. The South-East Asia Nutrition-Research-cum-Action Network was established in 1990 to optimize regional expertise for linking nutrition research to country programmes.
WHO encourages breast-feeding for healthy babies.
Adolescence

Adolescence is a phase of rapid growth and development during which physical, sexual and emotional changes occur. Adolescents are not a homogeneous group and their needs vary with their gender, stage of development, life circumstances and the socio-economic conditions in which they live.
WHO, along with its partners, UNICEF and UNFPA, advocate an accelerated approach to promoting the health and development of adolescents and young people in the second decade of life, their common agenda outlines the actions needed to provide adolescents with support and opportunities.

The challenges are working with other sectors and scaling up provision of service and information to adolescents within the existing socio-cultural milieu. Neither adults not children, adolescents are a neglected lot and need focused attention to address their problems.

Ageing

With increased longevity comes ageing. As WHO advocated with its WHD theme "Adding Life to Years" in 1982 and subsequently in 1999 "Active ageing makes a difference. Healthy ageing is both desirable and possible."
Health Promotion in Communicable Diseases

A vaccine is only effective if the community accepts it. Without community acceptance protective interventions offered have no relevance to the health status of the community. A prime example is that of polio. While the technology for eradication is available, not all members of the community accept immunization for their children so polio persists in resistant pockets. Health promotion is a necessary and indispensable adjunct to preventive interventions for all health conditions; the community health status improves, the cost of curative care is significantly reduced and above all the quality of life is much improved.

Risk Reduction

Most lifestyle diseases can best be prevented not by vaccines or medicines but by behaviour change directed at minimizing the prevalence of risk factors. This is the basis of the WHO promoted 'STEPS' approach for the prevention and control of noncommunicable diseases. Health promotion for initiating health-conducive habits and lifestyles pays dividends not only in quality of life terms but even in cold economic terms - it is less expensive to invest in prevention rather than pay for cure. This is particularly true of the lifestyle diseases. It is good medical practice to invest in Public Health so as to prevent disease and promote good health.
Health workers are a vital link with the community.
Not only are noncommunicable diseases amenable to being favourably influenced by health promotion, interventions for many communicable diseases can usefully include targeted health promotion messages.

**Water and Sanitation**

Another health problem that persists and is likely to be exacerbated by the effects of global warming is the shortage of potable water and poor environmental sanitation. Poor sanitation and lack of adequate water are important underlying causes of illness in the community, especially childhood morbidity.

Effective health promotion together with investment in water and sanitation can prevent a lot of illness and make for a healthier community.
Access to potable water is the key to good health.
Vitamin A protects young lives.
Nutrition.

Nutritional deficiencies were common in the Region in the early days of WHO and as such were the focus of attention. However, with increased development much of the focus on nutrition has been lost in public sector health programmes. There is now evidence that under nourishment still remains a public health problem in the poorer segments in the Region where significant numbers of children are underweight. On the other hand, obesity in the more affluent sections has emerged as a matter of serious public health concern.

Several supplementation programmes have been implemented in the Region to address specific problems such as iron and vitamin A deficiency.

In addition micro-nutrient deficiency such as anaemia and iodine deficiency disorders remain issues of concern. WHO has been advocating programmes to address these persistent issues. Iron deficiency anaemia has remained common in spite of programmes that have been running for many years. WHO is catalyzing fresh thinking about possible solutions.

![Large goitres are no longer common in the Region. Continued vigilance is essential to detect small goitres in children.](image)
Mental health is receiving increasing attention in the Region.
Research has established that iodized salt is an effective, affordable and safe solution for the age-old problem of goitre. As a result of unrelenting efforts severe iodine deficiency manifesting as massive goitres and cretinism are now seldom seen but the problem is not by any means permanently solved. Small goitres can still be seen in children. Iodine deficiency is not merely a problem of a swelling in the neck. There is conclusive evidence of the physical development and mental retardation that accompanies lack of iodine. No nation should accept a condition that prevents its citizens from reaching their full potential. This is a serious problem but can so easily be dealt with. Health promotion can increase acceptability and demand for iodized salt and help do away with this ancient scourge.

Mental health
Along with other noncommunicable diseases, mental health related conditions are also increasing in the Region. Stress as a part of childhood stretches into stress in youth and middle -age. In addition with increasing longevity the numbers of elderly people are increasing, together with old-age related dementias and conditions such as Alzheimer's disease. The health system needs to address this problem. Mental health issues are also important in the Region because of the large numbers of natural disasters that have occurred of late. Catastrophic events such as the Tsunami, severe earthquakes etc. also leave many persons who are in acute need of psychosocial support.
Injuries and Violence

Accidents are a matter for concern in the Region. Farm and household accidents are an old problem but the recent increase in motor vehicles have brought in their wake an increasing number of severe injuries and even deaths, especially in the main metropolitan cities. In the South-East Asia Region, an estimated 354,000 people died from road traffic injuries in 2001 and an estimated 6.2 million people were admitted to hospitals. Every hour, 34 people die as a result of road traffic injuries in the Region. In the next two decades, this figure is predicted to rise by 144% making it the largest increase among all WHO Regions. WHO's serious concern about the rising number of accidents was reflected by the issue being highlighted as the theme for World Health Day in 2004. The direct cost of road traffic injuries to countries in the South-East Asia Region is an estimated US$ 14 billion. Then there is the cost that societies and families have to bear in terms of suffering and dependence due to disability. Current data suggest that the problem is compounded by the misuse of alcohol and is emerging as a cause of avoidable morbidity and mortality in the young. Here again, health promotion can play a vital role.
A marked increase in road traffic accidents is being reported from the Region.
Peer educators—an effective tool for involving the community.
Community Action for Health

To be effective, all health plans must be people-centred and ideally must first address priority health needs of the community. Involving people and civil society organizations not only confers a sense of ownership on the people but also ensures that the changes sought to be made are relevant and socially acceptable. If people are not involved the probability of sustainable action is much reduced. One extremely effective methodology being increasingly used is that of peer education. Members of the community that the targeted population can identify with are used to share health information and communicate with their peers.

This type of programme has been used very effectively in school health, HIV programmes and even, in some cases, in the DOTS approach to the treatment and control of TB.
Health systems must reach out to the most remote areas.